

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51						
2		①	1		1		52						
3		1	1		1		53						
4		②	1		1		54						
5		③	1		1		55						
6		④	1		1		56						
7		⑤	1		1		57						
8		⑥	1		1		58						
9		⑦	1		1		59						
10		⑧	1		1		60						
11		⑨	1		1		61						
12		⑩	1		1		62						
13		⑪	1		1		63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1								
TOTAL DEP.	12	←	12	←	12	←							
TOTAL CLAIMS	13		13		13								